EXHIBIT A

UNITED STATES DISTRICT COURT

CENTRAL DISTRICT OF CALIFORNIA - WESTERN DIVISION

MARK SNOOKAL, an individual, Plaintiff, v. CHEVRON USA, INC., a California Corporation, and DOES 1 through 10, inclusive, Defendants.	)	NO. 2:23-cv-6302-HDV-AJR

Videotaped deposition of MARK JORDAN SNOOKAL, Plaintiff, taken on behalf of Defendants at 333 South Hope Street, 43rd Floor, Los Angeles, California, commencing at 10:00 a.m. on Friday, May 10, 2024, before John M. Taxter, Certified Shorthand Reporter No. 3579 in and for the State of California, a Registered Professional Reporter.

APPEARANCES OF COUNSEL:

FOR PLAINTIFF MARK JORDAN SNOOKAL:

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FOR DEFENDANT CHEVRON USA, INC.:

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-and-

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VIDEOGRAPHER:

GIGI FADICH

for the job at Chevron? 10:14:28

A I was unaware that I had a disability, 10:14:30

if I, in fact, had one at the time. It had not 10:14:33

been diagnosed at that point. 10:14:36

Q Okay. And the disability we're talking 10:14:38

about is -- it's, I think, dilated aortic root; is 10:14:39

that -- 10:14:39

A Correct. 10:14:44

Q When was that diagnosed? 10:14:45

A I believe it was 2014. 10:14:47

Q And you -- you -- I'm not sure exactly 10:14:53

how you phrased it, but are you -- do you consider 10:14:58

that a disability? 10:15:01

A I do, yeah. 10:15:02

Q Okay. 10:15:03

A I just meant that in 2009 I didn't -- it 10:15:04

could have been there, but I wouldn't have known 10:15:08

it. 10:15:10

How is that? 10:15:12

Q I see. And what job were you initially 10:15:12

hired into? 10:15:15

A I was hired in as an analyzer engineer 10:15:16

in the "technical shared services department" I 10:15:19

believe it was called at the time. 10:15:22

Q And what is an analyzer engineer? 10:15:24

Q In the subsection "intent" right at the top of the page the first sentence states: 10:44:03 10:44:06

"The company requires fitness for expatriate" assignments -- "assignment medical evaluations. This ensures that your health status is appropriate for your work assignment and that your overall health is appropriate for working in a proposed host-country location." 10:44:08 10:44:10 10:44:13 10:44:15 10:44:17 10:44:18 10:44:20 10:44:22 10:44:24

Do you see that? 10:44:24

A I do. 10:44:25

Q Okay. So I guess I don't think this is controversial in this case, but I just want to make sure. 10:44:25 10:44:29 10:44:31

You understood that you would have to be medically cleared to -- to get the position, the REM position in Escravos; right? 10:44:32 10:44:35 10:44:40

A I did understand that, yes. 10:44:42

Q And the job offer in July, 2019, was contingent on you obtaining that medical clearance; right? 10:44:44 10:44:46 10:44:50

A Yes. 10:44:51

MR. MUSSIG: I'll mark as Exhibit 3 a 10:44:59

document titled "medical suitability for expatriate assignment history & medical examination." It's Bates-numbered SNOOKAL-605 to -610. 10:45:01 10:45:04 10:45:07 10:45:10

MS. LEAL: Thanks. 10:45:23

(Exhibit 3 was marked for identification by the Certified Shorthand Reporter.) 10:45:23 10:45:23

BY MR. MUSSIG: 10:45:23

Q Do you recognize this document? 10:45:24

A I do. 10:45:27

Q Okay. And this is just your completed copy of "Chevron's standard medical suitability for expatriate assignment history & physical examination" form; correct? 10:45:28 10:45:30 10:45:34 10:45:38

A Correct. 10:45:38

Q And Chevron requires this form to be completed for all employees who are conditionally awarded expatriate assignments; is that right? 10:45:39 10:45:40 10:45:43

A As far as I know. 10:45:46

Q And the form is typically completed by a -- by -- by you and a U.S. doctor; right? 10:45:49 10:45:52

A I don't know what's typically done -- 10:45:56

Q Oh. 10:45:58

A -- but it was in this case. 10:45:58

Q Well, fair enough. If you turn to 10:45:59

page 3 of the document, SNOOKAL-607, is that your signature at the bottom? 10:46:02 10:46:07

A It is. 10:46:08

Q And it's dated July 18, 2019; is that right? 10:46:08 10:46:08

A That's correct. 10:46:13

Q And is this referred to as an MSEA form? 10:46:16

A It is. 10:46:19

Q And so on -- and so on the first three pages of the form up to your signature, all the boxes that are checked, you checked those; right? 10:46:24 10:46:28 10:46:33

A That's correct. 10:46:36

Q Okay. And so box No. 1 is: 10:46:36

"Do you have any medical, physical or psychological conditions under the care of a health professional? If yes, please describe." 10:46:40 10:46:41 10:46:42 10:46:44 10:46:46

You marked by the box "yes"; right? 10:46:48

A Correct. 10:46:48

Q And then you said: 10:46:50

"I have a dilated aortic root. I am under the care of a cardiologist and see him once per year for a checkup. I have 10:46:51 10:46:54 10:46:56 10:46:58

consulted with him on this assignment, and he sees no issues with it." 10:46:59 10:47:00 10:47:02

You wrote that; correct? 10:47:02

A I did. 10:47:03

Q And you -- you had -- you had testified about this earlier. I'm sorry for -- for -- I think you were diagnosed with the dilated aortic root in 2015. 10:47:05 10:47:09 10:47:12 10:47:16

Is that wrong? 10:47:17

A I -- I honestly can't remember if it was late 2014 or 2015. 10:47:19 10:47:21

Q Okay. But in that time frame? 10:47:24

A In that time frame. 10:47:26

Q And who -- who diagnosed you with that? 10:47:27

A Dr. Khan who was my doctor through this whole event. 10:47:30 10:47:34

Q Is he with Cedars? 10:47:36

A He, I think, has multiple affiliations. I saw him at Kaiser Permanente, Los Angeles. 10:47:40 10:47:44

Q And, I mean, I -- I just want to ask a couple background questions about it. I don't want to get too far into your -- your medical history. 10:47:49 10:47:54 10:47:55 10:48:00

What -- when -- when he diagnosed you 10:48:00

with it, what was the prognosis? 10:48:02

A To sum it up, he said that sometimes the 10:48:09

aortic root will not expand any more than it 10:48:15

already has and it will never expand to a point 10:48:18

where they consider it to be something that they 10:48:23

should operate on, or it can expand at a rate and 10:48:26

to a size that they consider to be operable or 10:48:36

something that they should operate on. He said 10:48:40

that there's no way to accurately predict -- 10:48:44

predict which one mine would be but that the rate 10:48:51

of growth determines how they treat it, basically. 10:48:54

Q Okay. And -- and I think here you say 10:49:04

that you had to see him on a yearly basis. Was 10:49:08

that what he -- what he -- 10:49:11

A They call it -- 10:49:13

Q -- said at the time? 10:49:14

A Yes. They call it "watchful waiting" 10:49:16

which is basically taking a picture of it once a 10:49:19

year and seeing if it's grown or not and at what 10:49:22

rate from the last time. 10:49:25

Q And so you -- you followed up on a 10:49:26

yearly basis with him, I'm assuming? 10:49:28

A Every year. 10:49:30

Q And how did it develop, if at all? 10:49:31

A There were some years where it grew at a 10:49:36

from Lagos, so -- 11:41:11

Q How did you know that? 11:41:13

A Because I know what the job duties of the position entail which is on-site supervision and interaction with personnel and equipment. 11:41:16 11:41:20 11:41:24

Q And we might have covered this earlier, but Dr. Levy didn't specifically discuss with you the difficulties in -- in transport to a medical facility in Lagos; is that right? 11:41:31 11:41:36 11:41:40 11:41:47

A He didn't speak anything about Lagos, except that, if they had been able to -- if I had been able to perform my job duties from Lagos, then they would have located me in Lagos. 11:41:49 11:41:52 11:41:57 11:42:01

Q But he did tell you that they had talked about whether or not you could do it from Lagos; right? 11:42:04 11:42:06 11:42:06

A Yes. 11:42:10

MR. MUSSIG: I have some e-mails. I'll mark as Exhibit 6 e-mail correspondence between Dr. Khan and Dr. Levy. It's Bates-numbered SNOOKAL-89 to -90. 11:42:20 11:42:21 11:42:26 11:42:29

(Exhibit 6 was marked for identification by the Certified Shorthand Reporter.) 11:42:29 11:42:29

BY MR. MUSSIG: 11:42:29

Q Are you familiar with this document? 11:42:51

A I am. 11:42:52

Q Okay. And you -- this is e-mail correspondence between Dr. Khan and Dr. Levy; right? 11:42:52 11:42:55 11:42:55

A Correct. 11:42:58

Q And you're copied on at least the response from Dr. Levy to Dr. Khan; right? 11:42:58 11:43:01

A Yes. 11:43:04

Q Okay. But I can't -- were you copied on the original e-mail from Dr. Khan? 11:43:05 11:43:08

A I don't recall. 11:43:10

Q And -- and Dr. Levy had reached out to Dr. Khan directly with your permission; right? 11:43:13 11:43:16

A That's correct. 11:43:18

Q And you may or may not know this. 11:43:19

So Dr. Levy left a voice mail for Dr. Khan requesting to connect; right? That is how it started? 11:43:25 11:43:28 11:43:31

A I believe that is correct. 11:43:32

Q And then Dr. Khan responded by e-mail, and that's this e-mail that we're looking at; right? 11:43:33 11:43:36 11:43:36

A Yes, as far as I know. They -- I don't know if they had other -- I know they had more than one conversation. I don't know the time line 11:43:39 11:43:43 11:43:46

DEPONENT'S DECLARATION

I, MARK JORDAN SNOOKAL, hereby declare:

I have read the foregoing deposition, I identify it as my own, and I have made any corrections, additions or deletions that I was desirous of making in order to render the within transcript true and correct.

_____, _____.
(Date) (City and State)

_____
(Signature)

STATE OF CALIFORNIA)
) SS.
COUNTY OF VENTURA)

I, John M. Taxter, a California Certified Shorthand Reporter, Certificate No. 3579, a Registered Professional Reporter, do hereby certify:

That the foregoing proceedings were taken before me at the time and place therein set forth, at which time the deponent was put under oath by me; that the testimony of the deponent and all objections made at the time of the examination were recorded stenographically by me and were thereafter transcribed; that the foregoing is a true and correct transcript of my shorthand notes so taken.

I further certify that I am neither counsel for nor related to any party to said action.

The dismantling, unsealing, or unbinding of the original transcript will render the Reporter's Certificate null and void.

Pursuant to Federal Rule 30(e), transcript review was requested.

Dated May 22, 2024.

JOHN M. TAXTER
California Certified Shorthand Reporter No. 3579, RPR

I, John M. Taxter, Certified Shorthand Reporter, CSR No. 3579, hereby certify:

The foregoing is a true and correct copy of the original transcript of the proceedings taken by me as thereon stated.

Dated: May 23, 2024

John Taxter, CSR No. 3579

EXHIBIT B

Chevron

Medical Suitability for Expatriate Assignment History & Physical Examination

GO-146-MSEA

Mark Snookal
CAI - MVZM

07-24-15

JUL 24 2015

Initial Nigeria

Note to Examinee and Examiner: In the US, the Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information for any U.S. based employees (whether within the U.S. or outside the U.S. on assignment) when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. Local or Host Country legal requirements may also apply.

Part A: Examinee: Please complete Parts A through F prior to exam.

F.I.	M.I	Last Name	First Name	CAI	Gender
		Mark Snookal		MVZM	M

Current Job Title	New Job Title*	Current Company/BU/OpCo	Next * Company/BU/OpCo	Current Location	Next * Location
IEA Reliability Team Lead	Reliability Engineering Manager	ESE	NMASBU	El Segundo CA USA	Escravos, Nigeria

*If Applicable

Part B: Your country of assignment may or may not have full medical resources to support your health needs. Please answer the following questions as accurately as possible and check 'N' (no) or 'Y' (yes) in the column. Answers with Yes, please provide more information in the description boxes. This information is used to promote your safety and ensure your health needs can be met.

	(If need, please use back page)	N	Y	Description
1.	Do you have any medical, physical or psychological conditions under the care of a health professional? If yes, please describe.	☐	☒	I have a dilated aortic root. I am under the care of a cardiologist and see him once per year for a checkup. I have consulted with him on this assignment and he sees no issues with it.
2.	(a) Are you taking any medicines that require a prescription? If yes, please list.	☐	☒	Losartan and Amlodipine
	(b) Are you taking any non-prescription medicines on a frequent basis? If yes, please list.	☒	☐	
3.	(a) Do you have any allergies?	☒	☐	
	(b) Have you ever had severe allergic reactions? If yes, do you know what caused it?	☒	☐	
4.	Do you exercise for at least 30 minutes 3 times a week, on average?	☐	☒	
5.	(a) Do you feel unusual fatigue or sleepiness?	☒	☐	
	(b) Do you have any problems sleeping?	☒	☐	
	(c) Do you use sleeping aids, including medication?	☒	☐	
6.	Have you ever experienced health problems working in extreme weather conditions?	☒	☐	
7.	Have you experienced unexplained weight loss or gain?	☒	☐	
8.	(a) Do you smoke? If yes, what and how much each day?	☒	☐	
	(b) Did you smoke regularly for more than 1 year ever in your past?	☒	☐	
9.	Do you drink alcoholic beverages? If yes, what is your average weekly intake?	☒	☐	
10.	Have you ever required a medical evacuation from a work location? If yes, what was the reason?	☒	☐	

Ex. 3 FOR ID 5/10/24 JMT

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Word Electronic Version

Examinee Last and First Name	Examinee CAI
Mark Snookal	MVZM

11.	Have you ever had any mental health or psychological issues requiring at least a medical prescription? If yes, please describe	☐	☒	I was treated for depression with Effexor for a few years from approximately 1994-1996
12.	Have you been in the emergency room and or hospitalized within the last six months?	☒	☐	
13.	Have you undergone any surgical procedure or operations within the last six months?	☒	☐	
14.	Did you have a physical (periodic, preventive) exam within the past two years?	☐	☒	
15.	Would you need health/medical resources for any disabling or special condition in the country of assignment?	☒	☐	
16.	Would you like to schedule a discussion with a Chevron Physician or Regional Medical Manager to discuss further a health condition or learn more about the host country medical resources?	☒	☐	
17.	Does your new position require you to work or travel Offshore, In Field/Plant or Strictly Office? Please advise if you need additional certifications for your new position (e.g. HUET/BOSIET, Oil and Gas U.K.)	☐	☐	My position is strictly office

Part C. Please answer the following questions and check 'N' (no) or 'Y' (yes) in the column. If 'Y' please describe.

	Have you had any illness or condition related to the following body parts or systems? (minor conditions do not need to be mentioned):	N	Y	Description
18.	Head and Neck	☒	☐	
19.	Eyes or Visual	☒	☐	
20.	Ear, Nose and Throat	☒	☐	
21.	Teeth (a) When was your last exam? (b) Is there any dental work pending? Please describe	 ☐ ☒	 ☐ ☐	 11/2017
22.	(a) Chest such as shortness of breath, chronic cough. (b) Breasts	☒ ☒	☐ ☐	
23.	Heart such as chest pain, palpitations or irregular beating	☐	☒	I have PVC's which have been evaluated by a cardiologist and do not require any treatment
24.	Abdomen such as pain, hernias, abnormal bowel movement	☐	☒	I had my gallbladder removed in 2014
25.	Kidney, bladder or genital area	☒	☐	
26.	Spine and Musculo-skeletal, movement limitations or pain	☒	☐	
27.	Skin changes such as rash, spots, moles or itching	☒	☐	
28.	Epileptic seizures, dizzy spells or migraine	☒	☐	
29.	Diabetes or increase in blood sugar	☒	☐	
30.	Anemia or other blood conditions	☒	☐	
31.	Tuberculosis (TB) or positive TB test, skin or blood (e.g. TB spot, IGRA/ *Quantiferon®*)	☒	☐	
32.	Any other health problems (Please use space below. If need, use back page)	☒	☐	

Examinee Last and First Name	Examinee CAI
Mark Snookal	MVZM

Part D. Exposure History (Employee Only)

Have you ever been exposed at work to dusts, solvents, other chemicals or any other known workplace hazards, e.g. biological agents?

☒ Yes ☐ No

If YES, please list agents with dates and for how long:

I have worked in industrial and petrochemical locations from 1990 present

Have you ever been exposed in the workplace to:

☒ Noise ☐ Radiation/X-ray Equipment ☐ Vibrating Hand Tools ☐ Repetitive Movement ☐ Weight Lifting ☐ Other

If you checked one of the boxes above, please specify for how long, and whether Personal Protective Equipment (PPE) was used:

In my work in industrial and petrochemical locations from 1990 present I have been exposed to noise but have always used PPE

Part E. Occupational History (Employee Only)

Have you ever been part of a medical (health) surveillance program through your work due to exposure to workplace hazards? e.g. Part of a hearing conservation program due to exposure to workplace noise.

☒ Yes ☐ No

If YES, please list with dates:

I am currently in a hearing conservation program in my employment with Chevron El Segundo

Part F. Family History

To comply with the US Genetic Information Nondiscrimination Act of 2008, this part should NOT be completed for any US based employees (whether in the U.S. or outside the U.S. on assignment). Any information inadvertently provided for a US employee in this section should be redacted if the form is to be sent to the US for filing in the employee's medical record. Local related legislation may be also applicable.

Are there any medical conditions within your family relevant to be mentioned?

Physician Comments:

Have you ever been employed with Chevron or examined for employment by Chevron?

☐ No ☒ Yes If yes, when At hiring at Chevron El Segundo in 2009

EXAMINEE:

I certify that the information given by me is true and I authorize the examiner to furnish the results of this examination and other related medical investigation results to either the Chevron Regional Medical Managers or the Chevron Global Health and Medical facility. I acknowledge and agree that the results of this medical evaluation are managed by Chevron in a secure and confidential data system that will store and may transmit information to countries other than where the medical examination takes place, including but not limited to the U.S.

FOR APPLICANT ONLY: I understand that any misrepresentation, false statement or omission herein may result in the company rejecting my application, withdrawing any offer of employment, or terminating my employment at any time.

Examinee Signature  Date (mm/dd/yyyy) 7/18/2019

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Word Electronic Version

Examinee Last and First Name	Examinee CAI
Mark Snookal	MVZM

Part G. PHYSICAL EXAMINATION. To be completed by Health Care Provider.

Vital Signs

HEIGHT ft/cm	WEIGHT lb/kg	BMI	Abdominal Circumference in/cm	B.P. (mmHg)	PULSE	Temperature (°C/°F)
72"	256 lbs	34.7		135/78	53	97.5

Vision

	Uncorrected			Corrected			Depth	Tonometry	Color Vision	Visual Fields
	Both	Right	Left	Both	Right	Left				
Far	20/ 6/	20/ 6/	20/ 6/	20/ 16 6/	20/ 16 6/	20/ 16 6/			Normal	
Near	J#	J#	J#	J# 1 ←	J# 1 ←	J# 1 ←				

N	A	N = Normal. A = Abnormal, please describe	DESCRIPTION
☑	☐	1. General Appearance	
☑	☐	2. Head	
☑	☐	3. Ear, Nose Mouth and Throat	
☑	☐	4. Neck	
☑	☐	5. Eyes	
☑	☐	6. Chest	
☑	☐	7. Breasts	
☑	☐	8. Respiratory System	
☐	☐	9. Cardiovascular System	occas ectopics (PVC's)
☑	☐	10. Abdomen, Viscera/Hernias	
☑	☐	11. Genito-urinary	
☑	☐	12. Lower GI Tract	
☑	☐	13. Extremities	
☑	☐	14. Spine and Musculo-skeletal. Range of Motion.	
☑	☐	15. Skin and Lymphatic System	
☑	☐	16. Central Nervous System	
☑	☐	17. Peripheral Nervous System Reflexes	
☐	☐	18. Others, please specify	

Examinee Last and First Name	Examinee CAI
Mark Snookal	MVZM

LABORATORY AND SPECIAL TESTS

N	A	Not Done	AS INDICATED	RESULTS. N = Normal. A = Abnormal, please describe
☐	☐	☑	Audiogram	
☐	☐	☑	Chest X Ray	
☑	☐	☐	Complete Blood Count	
☐	☐	☑	Drug Screening	
☐	☑	☐	ECG	
☐	☐	☑	Pulmonary Function	
☑	☐	☐	Serum Profile/Chemistries	
☐	☐	☑	Stress Test	
☑	☐	☐	Urinalysis	
☐	☐	☐	Others, please specify	

REMARKS: Describe significant / abnormal findings/limitations noted above (if need, please use back page)

(1) PVC's - frequent asymptomatic followed by cardiology
(2) Dilated aortic root followed by cardiology
ongoing studies yearly Echo vs CT chest
Stable on meds

If any abnormalities were found during the examination, was examinee informed? ☑ Yes ☐ No

Part H: MEDICAL RECOMMENDATION

H.1. Fitness for Duty Classification, ONLY FOR INTERNAL CHEVRON USE

- ☐ A. Fit for Duty
- ☒ B. Fit for Duty with Restrictions
- ☐ C. Not Fit for Duty
- ☐ D. Failed to comply with requested evaluations, due to:

H.2. Restrictions pertinent to Job Requirements (refer to GO-308)

No heavy lifting >50 lbs
needs review of
Recommend relief from
cardiologist to clear him

Examiner's Name (please print): IRVING SOBEL MD
Signature: [signature]
Date (mm/dd/yyyy): 07/24/2019
USA Chevron Provider Number: 11408

Address: 4676 ADMIRALTY WAY 4th FLOOR MDR CA 90292
Street / City / State / Province / Postal / Zip Code / Country

Chevron Global Health & Medical Approval (please print name)
Signature
Date (mm/dd/yyyy)

Examinee Last and First Name	Examinee CAI
Mark Snookal	MVZM

PLEASE ATTACH COPIES OF IMPORTANT REPORTS OF CURRENT INTEREST.
If available, Form GO-308 (Physical Requirements and Working Conditions) must be included.

EXHIBIT C

From: Levy, Scott
Sent: 26 August 2019 00:51
To: Steven H. Khan <Steven.S.Khan@kp.org>
Cc: Mark Snookal <Mark@maygus.com>
Subject: Re: [**EXTERNAL**] Patient MS

Dr. Khan,

Thank you for the very quick response. I'm working with my team in Nigeria right now to discuss.

Scott

Sent from my iPad

On Aug 23, 2019, at 10:35 PM, Steven H. Khan <Steven.S.Khan@kp.org> wrote:

> Hi Dr. Levy,
> I received your voicemail about Mr. MS who is a Chevron employee and my patient here at Kaiser.
> I understand he is applying for a job in a rural or remote area of Nigeria and I understand the concern about his aortic aneurysm.
>
> I just spoke to Mr. MS and received his permission to email you back. I am also copying him on this email.
>
> Mr. MS's aneurysm is relatively small and considered low risk. His Thoracic aortic aneurysm size is 4.1-4.2 cm on his most recent CT scan.
> From the published studies, the risk of rupture or dissection is 2% per year for aneurysms between 4.0 and 4.5 cm (Ann Thor Surg 2002 Vol 73, pg 17-28, figure 3).
>
> Further, the average rate of growth of thoracic aortic aneurysms is 0.1%/year and Mr. MS's aneurysm has not changed between his CTs in May 2016, May 2017, and April 2019.
> Since Mr. Snookal's aneurysm has not shown any growth for 3 years, his risk may be lower than the published 2% number above which would be based on "average" growth rates.
>
> Finally, the studies of risk of rupture are fairly old (2002) and treatment has improved as has our understanding of aortic aneurysms.
> For example, animal studies have shown a significant benefit from use of Angiotensin Receptor Blockers (ARB) in preventing or even reversing aortic aneurysm growth and Mr MS
> Is on an ARB.
>
> In summary, Mr. MS's risk of serious complications related to his thoracic aortic aneurysm is low and likely less than 2% per year.
> The risk is primarily related to further enlargement of the aneurysm which can be tracked with an annual CT scan.
>
> If you have any further questions, please feel free to email me or call me.
>
> Best regards,
>
> S. Khan, MD
> Clinical Associate Professor, UCLA School of Medicine
> Heart Failure and Transplant Cardiology, Kaiser Permanente

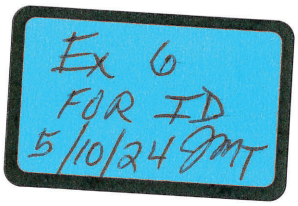

EXHIBIT D

UNITED STATES DISTRICT COURT

FOR THE CENTRAL DISTRICT OF CALIFORNIA

MARK SNOOKAL, an individual, Plaintiff, vs. CHEVRON USA, INC., a California Corporation, and DOES 1 through 10, inclusive, Defendants.	Case No. 2:23-cv-6302-HDV-AJR

REPORTER'S TRANSCRIPT

VIDEOTAPED DEPOSITION OF

DR. VICTOR ADEYEYE

VOLUME 2

Tuesday, April 22, 2025

Via Zoom Video Conferencing

6:00 a.m.

Reported by: Rachel N. Barkume, CSR, RMR, CRR
Certificate No. 13657

A P P E A R A N C E S

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THE VIDEOGRAPHER:

Cliff Gonshery

ALSO PRESENT:

Eguono Erhun, Chevron Nigeria Limited

A. What is what?

Q. What is an aortic dilatation or an aortic aneurysm?

A. Abnormal diameter of the great aortic vessels. That is all it means medically. Abnormal, increased diameter of the great aortic vessel.

Q. And how would this condition impact an individual's health who had that condition?

A. Like I pointed out earlier, for that very individual, it portends a risk. The risk now depends on the diameter. The risk classifications now depends on the diameter. "Low risk," "high risk," "medium risk" now depends on the diameter. And these are things that are not individual based; they're based on what the guidelines have put in place to classify such. Based on this measurement, this is the risk. Based on this measurement, this is the risk.

Q. And based on your understanding of the guidelines, what was the risk associated with Mr. Snookal's aortic dilatation?

A. It falls into a low-risk category. The point here is a low risk, one to two percent, of adverse cardiovascular event. Adverse cardiovascular event: Dissections or rupture. These are the adverse cardiovascular events. Thank you.

cases in Escravos, and no full complements of medical specialists in Escravos. Thank you.

Q. That means there's no cardiologist on site in Escravos; is that right?

A. There is no designated cardiologist, no designated surgeon, no designated anesthetist in Escravos.

Q. Earlier you mentioned that if an individual experiences a dissection, they require immediate intervention within a couple of minutes.

A. Yes.

Q. Are those interventions available in Escravos?

A. No. No. No, even in Warri, not available, not talk of Escravos.

Q. Then you mentioned interventions for a rupture. Are those available in Escravos?

A. No. No. No. No.

Q. And so based on what you know of Mr. Snookal's cardiovascular condition and the medical resources available in Escravos, if Mr. Snookal had experienced a cardiovascular complication in Escravos, would it have led to his death?

MS. FLECHSIG: Objection as to form.

THE WITNESS: Hypothetical, if I may say, but it could have led to his death. Why? Because both the

medical personnel -- medical facility, medical personnel required, both in Escravos and in Warri location, are not there.

MS. FAN: Understood. Thank you. I don't have any further questions at this point.

MS. FLECHSIG: I just have a couple of follow-up. It will be -- I think it will be very quick. If I may.

EXAMINATION

BY MS. FLECHSIG:

Q. So, Dr. Adeyeye, you testified about, sort of, a golden period during which someone who has suffered a dissection or rupture has the best odds of survival through medical intervention; is that correct?

A. Yes.

Q. Okay. And you said that someone generally needs to get care within minutes if they suffer a rupture; correct?

A. Yes. Yes.

Q. And that's true no matter where the person's rupture occurs. In other words, if they're in the United States, they need to get care within minutes. If they're in Escravos --

A. Yes.

Q. -- they need to get care within minutes.

CERTIFICATE OF STENOGRAPHIC REPORTER

I, RACHEL N. BARKUME, a Certified Shorthand Reporter of the State of California, hereby certify that the witness in the foregoing deposition,

DR. VICTOR ADEYEYE,

was by me duly sworn to tell the truth, the whole truth, and nothing but the truth in the within-entitled cause; that said deposition was taken at the time and place therein named; that the testimony of said witness was stenographically reported by me, a disinterested person, and was thereafter transcribed into typewriting.

Pursuant to Federal Rule 30(e), transcript review was requested.

I further certify that I am not of counsel or attorney for either or any of the parties to said deposition, nor in any way interested in the outcome of the cause named in said caption.

DATED: May 6, 2025.

Rachel N. Barkume

Rachel N. Barkume, CSR No. 13657, RMR, CRR

EXHIBIT E

UNITED STATES DISTRICT COURT

FOR THE CENTRAL DISTRICT OF CALIFORNIA

MARK SNOOKAL, an individual,

Plaintiff,

vs.

CHEVRON USA, INC., a California Corporation, and DOES 1 through 10, inclusive,

Defendants.

Case No.

2:23-cv-6302-HDV-AJR

DEPOSITION OF DR. UJOMOTI AKINTUNDE

OCTOBER 31, 2024

CONDUCTED VIA ZOOM VIDEOCONFERENCE

REPORTED BY LAUREN RAMSEYER, CSR NO. 14004

UNITED STATES DISTRICT COURT

FOR THE CENTRAL DISTRICT OF CALIFORNIA

MARK SNOOKAL, an individual,

Plaintiff,

vs.

CHEVRON USA, INC., a California Corporation, and DOES 1 through 10, inclusive,

Defendants.

Case No.

2:23-cv-6302-HDV-AJR

DEPOSITION OF DR. UJOMOTI AKINTUNDE,

commencing on Thursday, October 31, 2024, at 8:00 a.m., Pacific Time, held via Zoom videoconference, all participants appearing remotely before Lauren Ramseyer, Certified Shorthand Reporter, CSR No. 14004.

Q. And does a rupture -- excuse me, strike that.
Can a rupture lead to death?
A. Sorry?
Q. Can a rupture --
A. Please repeat.
Q. I apologize. Can a rupture lead to death?
A. Yes.
Q. Under what circumstances would a rupture lead to death?
A. If it's sudden, its inability to get to -- if it's large and sudden or there isn't enough time to get appropriate medical attention, it can lead to death. Sometimes even when you get appropriate medical attention, it can lead to death.
Q. And is that because of the blood loss associated with the rupture?
A. Largely. Largely, yes.
Q. And you also mentioned a dissection being a complication. What is a dissection?
A. It's a tear in the wall of the aorta, and when that tear occurs, blood fills into the defects created by the tear, so the wall of the aorta becomes weak and prone to rupture.
Q. So would it be accurate to say that a dissection could lead to rupture?

Q. This document has been produced under Bates numbered CUSA776 to 787.

Can you take a moment to review the document, let me know if you need me to scroll up or down.

A. Can you please scroll up.

Q. This is the top of the page, do you need me to scroll down?

A. Down, sorry.

Q. Yes. I can keep scrolling, just let me know.

A. It's -- are there any tables or images?

Q. Yes.

A. Can you scroll down for me.

Q. This is the first table?

A. Okay. Can you go further down. To another image, yeah. Okay. I think that will be all.

Q. Okay. There's other tables and figures in this document as well. Okay. So this document is titled "Yearly Rupture or Dissection Rates for Thoracic Aortic Aneurysms, Simple Prediction Based on Size."

Did I read that correctly?

A. Yes.

Q. This was published by Ryan R. Davies and others in the section of Cardiothoracic Surgery and School of Epidemiology and Public Health in the Yale University School of Medicine.

Are you familiar with this study?

A. Yes.

Q. Okay. And can you summarize for us some of the findings in this study?

A. It's such as that, the rate of -- the risk of an adverse aortic event was around 2 percent in someone who's -- with an aortic size in the range of that of the client in question.

Q. And the client in question here, that's referring to Mr. Snookal?

A. Yes.

Q. Okay. I'm going to show you another document that I'm going to mark as Exhibit 3.

(Exhibit 3 was marked for identification.)

BY MS. FAN:

Q. Can you see the document that I placed on the screen?

A. Okay. Yeah.

MS. FLECHSIG: Counsel, has this been produced to us?

MS. FAN: Yes, they've been produced.

MS. FLECHSIG: Was it last night or at another time?

MS. FAN: It was produced last night.

MS. FLECHSIG: Oh. I haven't had a chance to

could you state it again, please?
BY MS. FAN:
Q. Yeah, of course. If Mr. Snookal experienced a cardiovascular complication relating to his aortic root, what interventions are required?
MS. FLECHSIG: Same objections, but also incomplete hypothetical. Go ahead.
THE WITNESS: So he would need to be medevaced immediately to the center where he could have access to definitive care.
BY MS. FAN:
Q. And to be clear, the kind of cardiovascular complications that Mr. Snookal would experience with an aortic root would be a rupture, or dissection; is that correct?
A. Yes.
Q. And the third complication you mentioned relating to a dilated aortic root was death?
A. Yes.
Q. So, of course, if a death had occurred, no interventions would be possible.
MS. FLECHSIG: Incomplete hypothetical.
THE WITNESS: Yes.
BY MS. FAN:
Q. Based on your knowledge of the medical

facilities in Escravos, would they be able to support Mr. Snookal if he suffered a cardiological event?

MS. FLECHSIG: Objection. Incomplete hypothetical. Vague and ambiguous as to cardiac event.

THE WITNESS: No.

BY MS. FAN:

Q. And to clarify, if Mr. Snookal suffered a rupture in -- strike that.

If Mr. Snookal experienced a rupture relating to his dilated aortic root in Escravos, based on your knowledge of the medical facilities available, would they be able to support Mr. Snookal in the event of a rupture?

MS. FLECHSIG: Objection. Vague and ambiguous as to the meaning of support.

THE WITNESS: No.

BY MS. FAN:

Q. Based on your knowledge of the medical facilities in Escravos, would they be able to support Mr. Snookal if he suffered a dissection relating to his dilated aortic root?

MS. FLECHSIG: Objection. Vague and ambiguous as to the meaning of support. Incomplete hypothetical.

THE WITNESS: No.

* * *

I, DR. UJOMOTI AKINTUNDE, hereby declare under penalty of perjury that the foregoing is my deposition under oath; that these are the questions asked of me and my answers thereto; that I have read my deposition and have made corrections, additions, or changes that I deem necessary.

DATED this _____day of _____ 2024.

_____

DR. UJOMOTI AKINTUNDE

REPORTER'S CERTIFICATE

I, Lauren Ramseyer, Certified Shorthand Reporter licensed in the State of California, License No. 14004, hereby certify that the deponent was by me first duly sworn and the foregoing testimony was reported by me and was thereafter transcribed with Computer-Aided Transcription; that the foregoing is a full, complete, and true record of said proceedings.

I further certify that I am not of counsel or attorney for either or any of the parties in the foregoing proceeding and caption named or in any way interested in the outcome of the cause in said caption.

The dismantling, unsealing, or unbinding of the original transcript will render the reporter's certificate null and void.

In witness whereof, I have hereunto set my hand this day: November 19, 2024.

Lauren Ramseyer, CSR No. 14004

EXHIBIT F

UNITED STATES DISTRICT COURT

FOR THE CENTRAL DISTRICT OF CALIFORNIA

MARK SNOOKAL, an individual, Plaintiff, vs. CHEVRON USA, INC., a California Corporation, and DOES 1 through 10, inclusive, Defendants.	)	Case No. 2:23-cv-6302-HDV-AJR

REPORTER'S TRANSCRIPT

VIDEOTAPED DEPOSITION OF

DR. ESHIOFE ASEKOMEH

Thursday, October 10, 2024

Via Zoom Video Conferencing

7:03 a.m.

Reported by: Rachel N. Barkume, CSR, RMR, CRR
Certificate No. 13657

A P P E A R A N C E S

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THE VIDEOGRAPHER:

Jacob Rivera

ALSO PRESENT:

Eguono Erhun, In-House Counsel for Chevron

(Simultaneous crosstalk. Reporter clarification.)

MR. MUSSIG: Incomplete hypothetical.

BY MS. LEAL:

Q. Let me rephrase. So how long is the transportation time, approximately, from Warri to Escravos or Escravos to Warri by helicopter?

MR. MUSSIG: Same objection.

THE WITNESS: Okay. So transport by helicopter, so many variables: Weather condition, flight -- helicopter availability as of that time. So are we factoring in those -- those variables?

BY MS. LEAL:

Q. Sure.

A. Okay. So because I work in Escravos now, even as a --

(Reporter clarification.)

THE WITNESS: As when I was in Warri, I had come to do --

(Reporter clarification.)

THE WITNESS: When I first got to Warri, I had come to work in Escravos on two rotations just to relieve the doctor. So you know already the choppers are field choppers. They're not standby helicopters waiting for injuries or waiting for people to take ill.

CERTIFICATE OF STENOGRAPHIC REPORTER

I, RACHEL N. BARKUME, a Certified Shorthand Reporter of the State of California, hereby certify that the witness in the foregoing deposition,

DR. ESHIOFE ASEKOMEH,

was by me duly sworn to tell the truth, the whole truth, and nothing but the truth in the within-entitled cause; that said deposition was taken at the time and place therein named; that the testimony of said witness was stenographically reported by me, a disinterested person, and was thereafter transcribed into typewriting.

Pursuant to Federal Rule 30(e), transcript review was requested.

I further certify that I am not of counsel or attorney for either or any of the parties to said deposition, nor in any way interested in the outcome of the cause named in said caption.

DATED: October 13, 2024.

Rachel N. Barkume

Rachel N. Barkume, CSR No. 13657, RMR, CRR

EXHIBIT G

UNITED STATES DISTRICT COURT

CENTRAL DISTRICT OF CALIFORNIA - WESTERN DIVISION

MARK SNOOKAL, an individual,

Plaintiff,

v.

CHEVRON USA, INC., a California Corporation, and DOES 1 through 10, inclusive,

Defendants.

NO. 2:23-cv-6302-HDV-AJR

Videotaped deposition of ALEXANDER R. MARMUREANU, M.D., Witness, taken remotely on behalf of Defendants commencing at 2:04 p.m. on Wednesday, January 29, 2025, before John M. Taxter, Certified Shorthand Reporter No. 3579 in and for the State of California, a Registered Professional Reporter.

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VIDEOGRAPHER:

JODY PADILLA

I believe that Mr. Snookal had a 4.2-centimeter dilated aortic annulus which is borderline, just millimeters, perhaps one millimeters above normal. He -- technically, he did not have an aortic aneurysm, but even if he did, four centimeters -- his ascending aorta was four centimeters. That's basically normal or just perhaps minimally dilated. 14:32:22 14:32:26 14:32:32 14:32:36 14:32:39 14:32:42 14:32:47 14:32:49

None of those findings are clinically significant to warrant exclusion from his assignment in Escravos -- I've got to find the word again -- especially given his well-documented stability in terms of his blood pressure was normal and none of those aortic numbers were growing. Blood pressure control is appropriate, and it is my opinion that he could have safely proceeded to work in that location in Nigeria. And I don't identify any medical or social grounds to consider him unfit for duty or classify his condition a direct threat to him or anyone else. And that's kind of it in a nutshell. 14:32:51 14:32:54 14:32:56 14:33:04 14:33:07 14:33:09 14:33:13 14:33:17 14:33:21 14:33:26 14:33:30 14:33:34 14:33:38

BY MS. KENNEDY: 14:33:38

Q Okay. Let me ask you this: Did you -- did you review any of the medical studies about health care medical risks working in Escravos, 14:33:42 14:33:45 14:33:50

Nigeria? 14:33:53

A Well, can you be more -- I -- I reviewed whatever was provided to me. I did not do an independent research for the safety of workers in that location, but I believe he's fit to work in any location anywhere in the world, including that location. So I didn't find it necessary to study the condition in that place. I believe he would be fit to work in Alaska, the base of the Himalaya, in Africa, anywhere else, South America, et cetera. And, by the way, that location clearly had some sick people there because I've seen a lot of fatalities, I think, in five years. So they were going through some -- they had some sick employees. 14:34:00 14:34:04 14:34:08 14:34:12 14:34:13 14:34:18 14:34:20 14:34:26 14:34:30 14:34:32 14:34:35 14:34:44 14:34:45

Q I've highlighted the last sentence of the first paragraph of Exhibit 2 which is page 6, and it reads: 14:34:45 14:34:47 14:34:52

"Given that his work is desk-based and not physically demanding, there is no evidence to suggest that his condition would affect his job performance or pose an immediate risk." 14:34:53 14:34:55 14:34:56 14:34:58 14:35:00 14:35:02

What did you mean by that, Doctor? 14:35:05

A It's exactly what it says. But I will add today that, even if his work was not desk-based and involved a lot of physical activities and would have been physically demanding, I still didn't find any evidence to suggest that his condition would affect his job performance or pose any immediate risk. 14:35:07 14:35:09 14:35:13 14:35:17 14:35:19 14:35:24 14:35:26

Q And when you say a "desk job," did you get that from the job description? 14:35:28 14:35:30

A I have no idea. I don't remember. 14:35:32

Q Do you remember if that's something that the -- your -- the attorneys told you? 14:35:33 14:35:36

A I don't remember. 14:35:36

Q And I'm going to highlight another sentence here -- whoops -- sorry -- and it's this first sentence of the third paragraph on page 6. It says: 14:35:44 14:35:46 14:35:51 14:35:55

"In conclusion, the evidence overwhelmingly supports that Mr. Snookal's aneurysm does not pose any clinically significant risk...given" -- "particularly given his travel to Nigeria every other month." 14:35:55 14:35:57 14:35:59 14:36:02 14:36:03 14:36:08 14:36:11

So my question is when you say 14:36:12

it's one millimeter on each side. That's not a big deal, but it is a little bit enlarged, I have to admit. 14:37:38 14:37:41 14:37:44

However, the ascending aorta, as we look on this heart, this is basically the area that tears. This is the aneurysm we're talking, not the annulus. The annulus is a strong structure where I actually saw the valve. This part is whatever tears, dissects, and ruptures. So this part is pretty much normal. It's four centimeters on him. 14:37:44 14:37:47 14:37:50 14:37:53 14:37:57 14:38:01 14:38:03 14:38:07

So, to summarize, I don't believe that his numbers, the aortic numbers, size, dimensions will pose any risk to anyone, including himself or anyone else around him. 14:38:07 14:38:09 14:38:12 14:38:16

Q Doctor, do you know what the reliability engineering manager does in Escravos? 14:38:21 14:38:23

A I don't remember. I read the assignment job at that time when I wrote the report. 14:38:28 14:38:30

Q Do you have any information from any source -- from the lawyers, from any documents -- about what the working conditions would be for Mr. Snookal in Escravos? 14:38:35 14:38:36 14:38:39 14:38:41

A I don't remember if I have, but let me do my best to answer this. I don't believe that 14:38:46 14:38:49

time would need to pass, in your professional opinion, expert opinion, before he could get that treatment or assessment? 14:47:32 14:47:34 14:47:37

A It depends. Sometimes there is a -- it's called a "sudatter." It's a small rupture-contained leak. People live the rest of their lives like this. Sometimes the dissections become chronic. They live for the rest of their life. It could be a huge rupture which data shows that we have to start considering that at 5.5 centimeters, not at four centimeters. So I can't -- I can't tell you. He might be just fine to be -- stay there and not go anywhere, or he might need to go to the hospital immediately. 14:47:40 14:47:43 14:47:46 14:47:47 14:47:50 14:47:54 14:47:58 14:48:02 14:48:05 14:48:07 14:48:10

Q Do you have any knowledge, any information from any source, as to whether or not in the event of a rupture that he could actually be treated in Escravos? 14:48:15 14:48:16 14:48:18 14:48:21

A Well, he could be treated with medical management, if that's what's indicated. Now, I would like to make a clear hypothetical that usually ascending aortic rupture dissection, the initial treatment is medical management and more likely than not surgical management. 14:48:25 14:48:27 14:48:30 14:48:33 14:48:38 14:48:42

However, we do see a fair amount of 14:48:45

chronic dissection, if they only have medical management. So I can't answer that question without some more information. 14:48:47 14:48:49 14:48:51

Q All right. I'm going to go to the next page of your report which is page 7. I'm going to go -- look to the first sentence under "opinions," and the first sentence which I've highlighted reads: 14:48:52 14:48:55 14:48:59 14:49:02 14:49:05

"After thoroughly reviewing the medical records, imaging studies, and current clinical guidelines, it is my expert opinion that Mr. Snookal is fit for duty in Escravos, Nigeria." 14:49:06 14:49:07 14:49:09 14:49:11 14:49:13 14:49:16

Do you see that? 14:49:18

A Very well. 14:49:18

Q And when you say "fit for duty," what do you mean by that? 14:49:19 14:49:21

A I don't see any sort of limitation in his job here. 14:49:22 14:49:24

Q And that is based on what? 14:49:30

A Training, practice, education, and experience. I believe his cardiologist also cleared him. But if he would have been my patient and if you asked me, "Hey, I'm going to Escravos, 14:49:32 14:49:33 14:49:35 14:49:37

DEPONENT'S DECLARATION

I, ALEXANDER R. MARMUREANU, M.D., hereby declare:

I have read the foregoing deposition, I identify it as my own, and I have made any corrections, additions or deletions that I was desirous of making in order to render the within transcript true and correct.

_____, _____.
(Date) (City and State)

_____
(Signature)

STATE OF CALIFORNIA)
) SS.
COUNTY OF VENTURA)

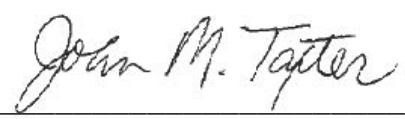
I, John M. Taxter, a California Certified Shorthand Reporter, Certificate No. 3579, a Registered Professional Reporter, do hereby certify: That the foregoing proceedings were taken before me at the time and place therein set forth, at which time the deponent was put under oath by me; that the testimony of the deponent and all objections made at the time of the examination were recorded stenographically by me and were thereafter transcribed; and that the foregoing is a true and correct transcript of my shorthand notes so taken.

I further certify that I am neither counsel for nor related to any party to said action.

The dismantling, unsealing, or unbinding of the original transcript will render the Reporter's Certificate null and void.

Pursuant to Federal Rule 30(e), transcript review was requested.

Dated February 11, 2025.



JOHN M. TAXTER
California Certified Shorthand Reporter No. 3579, RPR

I, John M. Taxter, Certified Shorthand Reporter, CSR No. 3579, hereby certify:

The foregoing is a true and correct copy of the original transcript of the proceedings taken by me as thereon stated.

Dated: February 13, 2025

John Taxter, CSR No. 3579

EXHIBIT H

EXHIBIT 11

ALEXANDER R. MARMUREANU, MD
Diplomate, American Boards of Surgery and Thoracic Surgery
Thoracic and Cardiovascular Surgery
Assistant Professor of Surgery

EXPERT REPORT

I, Alexander R. Marmureanu, M.D. declare as follows:

I currently practice Thoracic and Cardiovascular Surgery in Los Angeles, CA. I am Board Certified in Cardiothoracic Surgery and General Surgery and licensed to practice in the states of California and New York. I am also an Assistant Professor of Surgery and Vice Chair of the Bylaws Committee at the School of Medicine at California University of Science and Medicine.

I am the CEO and President of California Heart and Lung Surgery Medical Center in Los Angeles and the Director of Cardiothoracic Surgery at Centinela Hospital Medical Center as well as the Director of Cardiovascular Surgery at Southern California Hospital at Culver City.

I am also the Medical Staff President-Elect and the Chairman of the Multi-Disciplinary Peer Review Committee, as well as member of the Medical Executive Committee Leadership at Hollywood Presbyterian Medical Center.

My offices are located in Westwood, at 10921 Wilshire Blvd., #1205 Los Angeles, CA 90024, and at Centinela Hospital Medical Center on 501 East Hardy St. #315, Inglewood CA 90301.

I completed my General Surgery residency at New York University Medical Center and Mt. Sinai Medical Center from 1994 – 2000. I then completed my Cardiothoracic Surgery fellowship at UCLA Medical Center from 2000 – 2002, where I served on the Faculty, before founding California Heart and Lung Surgery Center.

Currently, in addition to my Thoracic and Cardiovascular surgical practice, I continue to train medical students, residents, as well as other surgeons. I also continue to publish and lecture on various topics in the field of Thoracic and Cardiovascular Surgery.

Through my education, training and professional experience, I am very familiar with this patient's medical conditions, treatment, and associated prognosis.

My opinions are based upon my medical education, thoracic and cardiovascular surgical training, practice, and experience, as well as the medical records, and all other documents that I have reviewed.

I reserve the right to supplement my opinion based upon the receipt of additional information.

My education and background are accurately listed on the curriculum vitae, attached as Exhibit "A", which sets forth my education, training, experience, and qualifications as a physician and expert.

DOCUMENTS REVIEWED

Review of Legal Documents:

- Dr. Levy Deposition & Exhibits
- Medical Suitability for Expatriate Assignment History & Physical Examination
- Physical Requirements and Working Conditions
- Expatriate Exam Recommendations
- Complaint for Damages
- Assignment Offer
- Job Description
- Employee Mental Health Questionnaire
- Request for Medical Service
- Email Communications
- Kim, Joon Bum, et al. "Risk of rupture or dissection in descending thoracic aortic aneurysm." *Circulation* 132.17 (2015): 1620-1629.

Review of Medical Records

- Kaiser Permanente Medical Records & Imaging Studies
    - CT Angiogram Report
    - ECHO Report
    - Chest CT
    - Chest X-ray
- Holter Monitor Results
- Work Letter by Dr. Khan
- Immunization Records
- Quest Lab Results
- Access Medical Group (Chevron) Medical Examination

SUMMARY OF RECORDS

Mr. Mark J. Snookal, a 52-year-old male (DOB: April 13, 1972), has a stable 4.2 cm dilated aortic root and ascending aortic aneurysm, both of which have remained asymptomatic. His ejection fraction is normal, indicating that the aneurysm has not impacted his cardiac function.

Mr. Snookal was being considered for a promotion to Reliability Engineering Manager at Chevron, a desk-based role that would have required travel to Escravos, Nigeria every other month. However, the offer was withdrawn following a routine medical evaluation due to concerns about his cardiovascular condition.

His cardiologist, Dr. Khan, had cleared him from a cardiovascular standpoint, confirming that the aneurysm was stable, well-managed, and posed minimal risk to his health. Dr. Khan recommended continued medical management and annual imaging. Despite this expert opinion, Chevron's medical team overruled Dr. Khan's recommendation, deeming Mr. Snookal's condition a "direct threat" to his safety based on perceived risks rather than clinical evidence.

Timeline of Events

2019 - Application for Nigeria Position

- Chevron required a medical evaluation before starting the assignment in Escravos, Nigeria. Dr. Irving Sobel assessed Mr. Snookal and deemed him fit for duty with two restrictions:
    - Avoid lifting weights over 50 lbs.
    - Obtain clearance from his cardiologist.

April 19, 2019 - Cardiology Note by Dr. Khan

- **Chronic Conditions**:
    - **Dilated Aortic Root: Stable and unchanged.**
    - **Aortic Valve Regurgitation: Stable and unchanged**.
    - Cholelithiasis
    - Hypertriglyceridemia

- **Key Points**:
    - **Mr. Snookal remained asymptomatic from a cardiac standpoint**, without shortness of breath during his daily activities.
    - He exercises regularly, performing 30 minutes of cardio on a treadmill about 4 times per week.
    - **His blood pressure at home was generally under 120 mmHg.**
    - **No history of syncope.**

Review of Imaging Studies

February 11, 2012 - Chest CT with Contrast

- Findings included diffuse mixed ground-glass and dense airspace consolidation, likely due to an infectious or inflammatory cause, unrelated to chronic heart conditions.
- Small bilateral pleural effusions and reactive subcarinal lymph nodes were noted, with no chronic or progressive pulmonary condition.

November 5, 2014 - Chest X-ray

- Imaging showed resolution of previous lower lobe opacities, suggesting the findings were not persistent or significant.
- **A normal cardiac silhouette** and absence of lung consolidation indicated no active cardiopulmonary pathology.

February 16, 2015 - Holter Monitor

- **Sinus rhythm** predominated, with occasional PACs and frequent PVCs (20% of beats), which are common and benign in the general population.
- Ventricular tachycardia was limited to brief, three-beat runs, suggesting no significant impact on physical ability or daily activities.

March 26, 2015 - Echocardiogram

- Showed normal biventricular size and function, with an **ejection fraction of 55-60%,** adequate for normal cardiac performance.
- Mild to moderate eccentric aortic regurgitation was present, but **Mr. Snookal was asymptomatic, indicating no functional limitation.**
- **The aortic root measurements were stable**, with no concerning elevation in right ventricular pressure.

May 26, 2016 - CTA Cardiac

- **The aortic root remained stable at 4.2 cm, with no significant progression.**

  **Comment: No evidence suggested any pathology that would interfere with physical tasks.*

February 24, 2017 - Echocardiogram

- Findings included normal **systolic function/ejection fraction of 50-55%, stable aortic dimensions, and no significant strain on the heart.**

March 29, 2018 - 2D Echocardiogram

- Mild left ventricular enlargement and trace mitral regurgitation were noted, but the **ejection fraction was robust (60-65%)**

  *(*Comment: the ejection fraction is the best indicator regarding how strong Mr. Snookal's heart is. He has normal ejection fraction)*

- Stable aortic regurgitation and mild right atrial enlargement were present.

April 10, 2019 - CTA Chest

- **Stable aortic root (4.2 cm) and ascending aorta measurements, with no significant enlargement or dissection.**

Review of Clinical Notes

March 13, 2017 - Cardiology Consultation

- **Mr. Snookal was asymptomatic from a cardiac perspective, with no limitations on physical exertion**.
- **His cardiac evaluations were precautionary, with no functional deficits identified**.

April 19, 2019 - Office Visit

- **Mr. Snookal continued to be asymptomatic, engaging in routine physical activity without limitations.**

June 5, 2019 - Holter Monitor Follow-Up

- The Holter results were consistent with previous findings, indicating benign PVCs.
- **Dr. Khan recommended a beta blocker as a precautionary measure to help prevent the growth of the ascending aorta**, even though it isn't strictly necessary since the patient has no symptoms.

In summary, the clinical data consistently indicates that Mr. Snookal's ascending aortic aneurysm and aortic root have remained stable at 4.2 cm, with no significant progression over several years of monitoring. At this size, in my opinion, the annual risk of rupture or dissection is less than 1%, especially considering the stability of his condition and aortic measurements. Given that his work is desk-based and not physically demanding, there is no evidence to suggest that his condition would affect his job performance or pose an immediate risk.

The risk of aortic dissection and possible rupture typically increases when the aneurysm reaches measurements around 5.5 cm, meaning Mr. Snookal's aneurysm is not large enough to be considered clinically significant. Moreover, there is no indication that his condition would worsen or present a danger while he carries out his duties in Escravos, Nigeria (his aortic measurements have remained stable). Additionally, his ejection fraction has remained normal, indicating that the aneurysm has had no impact on his cardiac function. This, combined with the absence of any symptoms, further supports his fitness for duty.

In conclusion, the evidence overwhelmingly supports that Mr. Snookal's aneurysm does not pose any clinically significant risk, particularly given his travel to Nigeria every other month. It is important to emphasize that before considering the risk of aortic dissection or rupture, there must be clear documentation of rapid growth or an increase in size to around 5.5 cm. In contrast, Mr. Snookal's aortic root dilation and ascending aortic aneurysm have consistently remained stable, with no signs of growth to date. With proper blood pressure management and regular monitoring, there is no justification for classifying his condition as a "direct threat." His functional capacity remains fully intact, further reinforcing that the perceived risks are unfounded.

METHODOLOGY OF OPINIONS

All of my opinions and conclusions are stated within a reasonable degree of medical certainty. The following opinions are based on my education, training, practice, and experience as well as the applicable medical literature available. I applied the same generally accepted methodology utilized in the medical community for diagnosing and treating cardiovascular diseases. I also utilized the same methodology in rendering my opinions as I do in my daily medical/surgical practice as a board-certified thoracic and cardiovascular surgeon. I reserve the right to amend, supplement or modify those opinions as new evidence is developed, including new or additional medical records become available.

OPINIONS

After thoroughly reviewing the medical records, imaging studies, and current clinical guidelines, it is my expert opinion that Mr. Snookal is fit for duty in Escravos, Nigeria. His 4.2 cm ascending aortic aneurysm and dilated aortic root have remained stable over several years of monitoring, staying well below the threshold for significant risk, which is generally considered to be around 5.5 cm. The stability of the aneurysm, combined with Mr. Snookal's well-controlled blood pressure, indicates there is no medical reason to restrict him from performing his job duties. I agree with Dr. Khan's recommendation to continue annual CT scans to monitor the aneurysm's stability. No additional treatments are necessary at this time.

Low Risk of Complications

In my expert opinion and according to the clinical data, ascending aortic aneurysms between 4.0 and 4.9 cm carry a very low annual risk of rupture or dissection, estimated at roughly 1% per year in this size range. This risk is considered negligible compared to the general population, especially given the absence of rapid growth in Mr. Snookal's case. Aneurysms typically become clinically significant and warrant surgical intervention when they become around 5.5 cm, OR if there is a rapid increase in size (more than 0.5 cm within six months). These conditions are not relevant in Mr. Snookal's case, as his aneurysm has demonstrated long-term stability, making the likelihood of rapid expansion exceedingly low.

Supporting Medical Evaluations

Dr. Khan's assessment, along with the corroborating medical evaluations, clearly indicates that Mr. Snookal's aneurysm poses a minimal to no risk. The lack of significant change in the aneurysm's size over the last several years, coupled with effective blood pressure management, places his risk profile near that of individuals without an aneurysm. As such, there is no medical justification for preventing him from undertaking his duties in Nigeria.

Job Requirements and Fitness for Duty

The physical requirements and working conditions for the assignment in Nigeria do not specify that an ascending aorta of 4.2 cm would preclude employment. Mr. Snookal's desk job is not physically demanding and does not present any additional risk factors that would exacerbate his condition. The concern cited by Chevron's medical team about the remote location and limited medical facilities in Nigeria (where he would be located every other month) does not outweigh the fact that routine monitoring (annually) is sufficient to ensure Mr. Snookal's safety.

Clinical Management and Recommendations

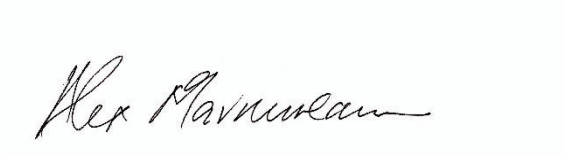
Annual imaging with CT scans or echocardiograms is sufficient to continue monitoring Mr. Snookal's aorta for any changes. This approach is consistent with standard practice for stable aortic aneurysms and aortic root dilations of this size. In addition, maintaining blood pressure control through medication and lifestyle modifications—keeping levels ideally below 130/80 mm Hg—will further minimize any potential risks associated with the aneurysm.

Additional recommendations include:

- Regular, moderate physical activity to support overall cardiovascular health.
- Adherence to a heart-healthy diet rich in fruits, vegetables, and whole grains.
- Awareness of symptoms indicating aneurysm expansion or rupture, such as sudden chest or back pain, with an understanding of the importance of seeking immediate medical care if such symptoms arise.

Conclusion

In conclusion, it is my expert opinion that Mr. Snookal's 4.2 cm ascending aortic aneurysm and 4.2 cm dilated aortic root are not clinically significant to warrant exclusion from his assignment in Nigeria, especially given the well-documented stability. Blood pressure control as well as annual monitoring are appropriate and effective measures to ensure his continued health. Based on the evidence, Mr. Snookal could have safely proceeded with his work in Nigeria, provided that standard annual surveillance remains in place. There are no medical grounds to consider him unfit for duty or to classify his condition as a "direct threat" to his safety.



Alexander Marmureanu MD

October 9, 2024

EXHIBIT I

UNITED STATES DISTRICT COURT

FOR THE CENTRAL DISTRICT OF CALIFORNIA

_____

MARK SNOOKAL, an individual, Plaintiff, vs. CHEVRON USA, INC., a California Corporation, and DOES 1 through 10, inclusive, Defendants.	)	Case No. 2:23-cv-6302-HDV-AJR

REPORTER'S TRANSCRIPT

VIDEOTAPED DEPOSITION OF

SCOTT LEVY, M.D.

Friday, August 30, 2024

Via Zoom Video Conferencing

9:31 a.m.

Reported by: Rachel N. Barkume, CSR, RMR, CRR
Certificate No. 13657

the evacuation?

A. We've had people die of liver failure who -- who died waiting for the medical evacuation to occur. I mentioned earlier that the -- we had an aortic dissection that died waiting for something to occur, waiting for someone to get out of there. We've had -- we've had a child with -- with cancer who -- who died on location waiting for -- or trying to decide on whether -- whether he was safe to travel by medical evacuation.

So the important thing to understand is that the -- not everybody is eligible. And I'll clarify the word "eligible." If someone's not safe to travel, they're not going to be medically evacuated. So they have to be stable and safe to make the trip in the first place. And so that's the -- that's the -- that's the challenge is we're not going to put them in harm's way and take them away from even -- even the lowest level of medical care for nothing for a six- or eight-hour trip in a plane.

So they would have to be stable to transport. So they -- I would say they don't die often or frequently, but these things can happen.

Q. Okay. Do you know how long it typically takes to perform a medical evacuation from the Escravos,

Nigeria, location?

MR. MUSSIG: Calls for speculation. Lacks foundation.

THE WITNESS: So in general, the number I usually use for any location is it takes about seven hours to get a plane -- a medevac plane or air ambulance available for such a -- such a -- such a transport. The challenge with Escravos is given -- A, given its remoteness, it -- the -- well, I would say it's -- it's very common that air transport is shut down there.

So sand storms from the Sahara, bad weather, things like this impact ability to fly in and out, and so when we do -- when the -- when the weather or the environment is not cooperative to a medical evacuation, the only other route is by boat.

And to move someone out by boat -- again, this is the Niger delta, which is a dangerous area in Nigeria. There are militants in the Niger delta, Boko Haram. Other militants operate there. And so if we want to move someone by boat out of Escravos, we need to notify the Nigerian military to help us to escort us through the -- through the location. So -- so in the meantime, it's -- it's -- and it's -- it's very challenging.

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CERTIFICATE OF STENOGRAPHIC REPORTER

I, RACHEL N. BARKUME, a Certified Shorthand Reporter of the State of California, hereby certify that the witness in the foregoing deposition,

SCOTT LEVY, M.D.,

was by me duly sworn to tell the truth, the whole truth, and nothing but the truth in the within-entitled cause; that said deposition was taken at the time and place therein named; that the testimony of said witness was stenographically reported by me, a disinterested person, and was thereafter transcribed into typewriting.

Pursuant to Federal Rule 30(e), transcript review was requested.

I further certify that I am not of counsel or attorney for either or any of the parties to said deposition, nor in any way interested in the outcome of the cause named in said caption.

DATED: September 12, 2024.

Rachel N. Barkume

Rachel N. Barkume, CSR No. 13657, RMR, CRR